



**USAID** | **BANGLADESH**  
FROM THE AMERICAN PEOPLE

# SMILING SUN FRANCHISE PROGRAM

**YEAR SIX WORK PLAN**  
**OCTOBER 1, 2012 – JANUARY 31, 2013**

**September 2012**

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The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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## ACRONYMS

ADB	Asian Development Bank
ACI	Advanced Chemical Industries
AITAM	Associates in Training and Management
ANC	Antenatal Care
ARI	Acute Respiratory Tract Infection
BCC	Behavior Change Communication
BOT	Build, Operate, Transfer/Board of Trustees
CA	Cooperating Agency
CBSG	Capacity Building Services Group
CHT	Chittagong Hills Track
CHTF	Child Health Task Force
CLQC	Clinic Level Quality Circles
COR	Contracting Officer's Representative
CQC	Clinic Quality Council
CSP	Community Service Provider
CWFD	Concerned Women for Family Development
DGHS	Directorate General of Health Service
DOTS	Directly observed treatment short course
DSF	Demand Side Financing
EPI	Expanded Program of Immunization
EmOC	Emergency Obstetric Care
ENA	Essential Nutrition Activities
FAM	Finance and Administrative Manager
FANTA III	Food and Nutrition Technical Assistance III
FDSR	Family Development Research and Services
FP	Family Planning
FTF	Feed the Future
GoB	Government of Bangladesh
HBB	Helping Babies Birth
HPNSDPs	Health Population and Nutrition Sector Development Program
HQ	Headquarters
IMCI	Integrated Management of Childhood Illnesses
IT	Information Technology
IUD	Intrauterine Contraceptive Device
IYCF	Infant and Young Child Feeding
KAFCO	Karnaphuli Fertilizer Company
LAPM	Long Acting and Permanent Methods
LGRD&Co	Local Government, Rural Development and Cooperatives
LoORS	Low osmolarity Oral Rehydration Salts
MC	Membership Council
MCH	Maternal child health
M&E	Monitoring and Evaluation
MH	Maternal Health
MIS	Management Information System

MO	Monitoring Officer
MOU	Memorandum of Understanding
NGO	Nongovernmental Organization
NID	National Immunization Day
NOT	Network Operation Team
NSV	No Scalpel Vasectomy
PD	Project Director
PDSA	Plan-Do-Study-Act
PM	Project Manager
PNC	Postnatal Care
PSTC	Population Services and Training Center
QMS	Quality Monitoring System
RTI	Reproductive Tract Infection
SHHG	Surjer Hashi Health Group
SP	Service Provider
SMC	Social Marketing Company
SMIC	Safe Motherhood and Infant Care
SS	Smiling Sun'
SSFP	Smiling Sun Franchise Program
SSKS	Sylhet Samaj Kalyan Sangstha
STI	Sexually Transmitted Infection
TB	Tuberculosis
TOT	Training of Trainers
UCEP	Underprivileged Children's Education Program
UPHPC	Urban Primary Health Care Project
UPPRP	Urban Partnerships for Poverty Reduction Project
USAID	United States Agency for International Development

## EXECUTIVE SUMMARY

During the four month extension period, SSFP will continue to increase the volume of clients by adding two new clinics in Madhabdi and mainstreaming nutrition activities into all clinics in Feed the Future program areas, while continuing to increase the percent of poor clients through a newly established partnership with the Underprivileged Children's Education Program (UCEP). To ensure improvements in cost and quality efficiency, SSFP will continue to invest in developing NGO capacity and self-reliance thereby preparing network NGOs to eventually manage direct USAID funds.

SSFP will continue to strengthen the network's governing council by holding two membership council meetings during the extension and one clinical quality council (CQC) meeting. Strong communication practices established during the life of SSFP will be continued for the extension period with a culminating on the closeout event to widely share SSFP's lessons learned and best practices. SSFP has proven itself to be a leader in public private partnerships and will ensure that established partnerships are continuously fostered throughout the extension period and properly secured for the continuation of the network.

As in previous years, SSFP is committed to increasing the efficiency of service delivery. Routine monitoring visits will be strengthened during the final months of the project with a focus on supporting the Online MIS and Accounting System, ensuring all system users are fluent with the software and able to report accurate information. SSFP will continue to administer a grants program through December 31, 2012, appropriately monitoring program income earned, and will conduct the closeout of all grant agreements.

During the extension period, SSFP will expand the service volume and client base as well as continue to implement a quality management system throughout the network. A priority for SSFP during this period will be to integrate nutrition activities into all Surjer Hashi clinics in Feed the Future areas. By the end of the reporting period, a total of 66 clinics will be trained to carry out infant and young child feeding (IYCF) activities.

Finally, SSFP will build on the Year 5 momentum by continuing to build the capacity of network NGOs. As a follow-up to training sessions delivered in Year 5, and based on recommendations of the NGOs, SSFP subcontractors CBSG and Panagora will deliver management training modules and continue the organizational development help desk.

## SECTION I: CONTEXT AND ACCOMPLISHMENTS

During the past five years, SSFP helped to build NGOs' capacity to implement service delivery interventions. This required working simultaneously at two levels, NGO and clinic, while addressing different technical areas: quality of care, service promotion and branding, and business processes. Through this process, NGOs have been able to accomplish program performance objectives in terms of service output and services to the poor. In summary, the network today is more efficient, in a stronger position for long-term sustainability, and producing a greater and deeper impact as compared to baseline indicators.

Year 5 was a robust year for SSFP, its partners, and stakeholders. In terms of impact, while Year 5 service delivery statistics are currently being finalized, SSFP estimates reaching more than 30 million service contacts (without NID), with 33 percent of service contacts to the poor. SSFP estimates achieving 1.56 million couple-years of protection, providing more than 22 thousand safe deliveries, and providing 8.8 million service contacts to children. Also noteworthy, SSFP exceeded annual targets for clinical training thereby ensuring high quality services.

Early in Year 5, SSFP was internationally recognized for its innovations in quality health care. SSFP was presented the award in recognition of "Innovation and Prioritization of Quality Assurance" at the First Global Conference on Social Franchising in November 9 – 11, 2011 in Mombasa, Kenya.

SSFP convened five meetings of the membership council and continued strong relationships with the Government of Bangladesh (GoB). To complement nutrition activities as laid out in the Health Population Nutrition Sector Development Plan (HPNSDP), SSFP worked with FANTA III to include nutrition activities in 30 selected clinics. This partnership and implementation of essential nutrition activities (ENA) will contribute to the country's child health and malnutrition.

Throughout the year, SSFP upgraded 13 clinics to Emergency Obstetric Care Centers (EmOCs) thereby expanding safe delivery services to more Bangladeshis. This was a long-term investment in the network that has only started to show results in the final quarter of Year 5; after 13 EmOCs were launched, the number of safe deliveries increased 29% from 1,571 (June 2012) to 2,033 (August 2012). This upward trend is expected to continue through the extension period.

SSFP also launched its new Online MIS and Accounting system in Year 5. Over the course of the year, SSFP finalized the software, distributed netbook computers, trained all users of the network, so that NGOs would be able to generate electronic reports and keep computerized accounting systems.

Finally, a baseline self-assessment was conducted in the first quarter, which informed a network-wide capacity building plan and training sessions for the year. Through implementation of this plan, SSFP has made great strides in increasing the capacity of local network NGOs. Now, at the end of Year 5, five NGOs have completed the training and deliverables established by SSFP and are ready to be considered to receive direct USAID funds.

## SECTION II: SSFP YEAR SIX WORK PLAN

### A. Technical Activities

#### A1. Continue Strengthening the Established 'Governing Council'

SSFP will continue its work with the Governing Council – the membership council and clinical quality council – by continuing to hold regular meetings to discuss key policy and strategic issues affecting the network. This will allow the NGOs to continue to strengthen their sense of ownership and participation in the network.

##### i. Functionalize and Strengthen the Established Governing Council

*Organize meetings of the Membership Council.* The Membership Council (MC) consists of senior executives of network NGOs. The purpose of the council is to integrate input from network NGOs in order to improve policy, interventions, and outcomes. The Membership Council has been meeting once every quarter; SSFP will hold two meetings during the extension period – one regular meeting and one meeting in conjunction with the closeout events. Through these meetings, SSFP will target two policy or strategy items on which the membership council will provide guidance (OD4).

*Continue quarterly clinical quality council meetings.* As with previous years, SSFP will convene all NGO monitoring officers to review the clinical quality of the network and identify common areas for improvement. SSFP will conduct one clinical quality council meeting, which is tentatively scheduled for early December 2012.

*Report on periodic meetings of the Governing Council.* During the reporting period, SSFP will hold two membership council meetings and one clinical quality council meeting. At the end of December, SSFP will submit a report highlighting the consultative and mutually acceptable decisions reached on key policy and strategy issues affecting the network.

*Policy and Advocacy with GoB.* In the past years, numerous meetings were held to share information about project activities and objectives and explain how they fit into the GoB and USAID health goals. SSFP's consistent efforts to further engage the government on project activities as well as improve coordination and outcomes have resulted in greater GoB support of the program. During the extension period, under the direction of Senior Policy Advisor Md. Mozzammel Hoque, SSFP will continue its interaction with relevant ministries, divisions and agencies to strengthen ties at both the central and local levels. SSFP will also continue conducting joint clinic visits with SSFP and GoB officials; two joint clinic visits will be held during the extension period. Finally, during the extension period, SSFP will hold briefings with district and division level health and family planning officials and with LGRD&Co.

##### ii. Program Communication

*Communication materials and tools.* SSFP routinely reaches out to stakeholders and other interested audiences with informative materials that report on program achievements and innovations. During the extension period in Year 6, SSFP will continue communicating best



practices, innovative approaches, lessons learned, and legacies to a community broadly interested in diverse topics such as health networks, socially driven health service delivery, health equity and financing, and health systems in general.

- a) *Membership Council e-newsletter.* The contact persons of the network NGOs attend quarterly MC meetings to discuss various policy issues of the network including thematic discussions on development issues. The MC e-newsletter gives an opportunity to the members to deepen knowledge of the various development issue discussed during the previous MC meeting. During the extension period, SSFP will develop and distribute one MC e-newsletter.
- b) *Website updates.* The SSFP website has experienced increasing levels of visits from interested parties around the world. The team will continue to update the website periodically throughout the program extension period to communicate program development and achievements.
- c) *Weekly news briefs.* Weekly news briefs are one of SSFP's most important communications pieces because it keeps the entire network and USAID updated about the project's recent events and achievements. During the extension period, SSFP will continue producing one news brief per week.
- d) *Reports and deliverables.* In accordance with contract requirements, SSFP will submit a Year 5 annual report by October 30, 2012 and a final report due 60 days after contract end. SSFP will also produce a version of the final report in a multi-media format for the closeout event in December.
- e) *Publication of material and success stories.* Throughout its life, SSFP has generated a number of success stories that describe successful project interventions. These success stories are designed to give the public at large a snapshot of the impact that SSFP has had on the lives of its beneficiaries and overall health sector in Bangladesh. During the extension period, SSFP will compile materials to be used at the closeout event to supplement the interactive multi-media report. Additionally, SSFP will continue to develop success stories to be submitted with its regular progress reports.

*Closeout Events.* To highlight the project's achievements to a broad audience, SSFP will organize closeout events in December. The purpose of these events will be to share lessons learned, best practices, innovative practices and project legacies with local and international audiences interested in advancing social franchising and health service delivery and systems management. SSFP will form a committee to ensure attention to all aspects of closeout events and will work in close coordination with USAID during the planning phase.

- a) *Work with USAID to organize events.* SSFP will organize closeout events for the presentation of the project's final report and a summary of project achievements as well as best practices and lessons learned. Anticipated attendees will include USAID staff, GoB officials, partner NGOs and national and international organizations. SSFP will begin discussions and planning with USAID on/about November 1, 2012.

- b) *Involve media in closeout.* SSFP will reach out to media practitioners interested in publicizing health services and healthy behaviors and practices. SSFP will also work with newspapers, television, and electronic media to provide media coverage of SSFP's closeout event.

### **iii. Private Sector Partnerships**

The private sector has been an increasingly important source of resources for SSFP's clinics. Over the life of the project, SSFP has established 22 effective partnerships with private companies; results of these partnerships include an opportunity to serve previously hard to reach clients and to improve operational capacity of the network. In the extension period, SSFP will continue to foster established partnerships and leverage resources to ensure the most impactful results. Through these partnerships, SSFP aims to leverage \$0.95 million financial resources (OP8).

*Fees for Services.* Fees for service are essential component of SSFP to increasing the financial sustainability of SSFP's partner NGOs and improving the NGOs' ability to subsidize clinics and serve more poor clients.

- a) *Continuing the relationship with Akij Group.* During Year 5, Surjer Hashi clinics began serving 4,000 masons of Akij Cement Ltd, the country's fifth largest cement company. The agreement will be extended through December 2012.
- b) *Closeout program with H&M.* SSFP began partnering with H&M in 2010 to provide health services to factory workers. In the extension period, SSFP and H&M will jointly review the program and evaluate successes and lessons learned.

*Infrastructure, equipment and operations.* Just as some partners are interested in buying health services for their staff or neighborhoods in need, other partnerships have provided SSFP with operational infrastructure. SSFP will continue relationships with:

- a) *Chevron Bangladesh Ltd.* will continue sponsoring three Surjer Hashi clinics in Karimpur, Shastipur, and Kalapur
- b) *Cemex Cement Bangladesh.* Cemex will sponsor the costs for satellite sessions including medicine for 200 PoP at Narayanganj in Surjer Hashi Bondor clinic.
- c) *Advanced Chemical Industries.* ACI will provide hygiene promotion products such as soap to clinics throughout the network and collaborate on events surrounding global hand washing day.
- d) *KAFCO.* SSFP is working with KAFCO to explore the possibility of KAFCO donating an ambulance to the Smiling Sun network as a follow-up to KAFCO's sponsorship of the construction of the Anowara clinic.

*Other partnerships.* SSFP will continue to partner with UPPRP to support Surjer Hashi clinics in Sylhet, Jessor, Dinajpur and Khulna city areas. Surjer Hashi clinics will provide primary health services to UPPRP's listed poor and extremely poor clients. Service fees and proportional operations costs will be reimbursed by UPPRP to SSFP's network NGOs.

Also, SSFP will continue to operate satellite sites at Underprivileged Children's Education Program (UCEP) schools and provide health services to students and their families. Through this

partnership, SSFP can serve more poor clients as well as introduce BCC activities to this adolescent target group.

*New partnership opportunities.* During the extension period, SSFP will continue to seek new partnership opportunities that will result in a long-term benefit for the network. SSFP is currently in discussions with Mutual Trust Bank Foundation, National Credit & Commerce Bank Foundation, and other banking sector foundations for clinic and infrastructure support. SSFP will also meet with Tullow and Pran group to assess their interest in providing funds for operational expenses for clinics in key but hard to financially sustain areas.

*Conduct on-site coaching to assist NGOs to identify and secure local resources.* By sharing examples and information about potential individual donors and experiences, SSFP's strategic partnership specialist will continue to support network NGOs in building relationships with potential donors and securing individual donations, both cash and in-kind, to support clinic operations.

## **A2. Increased and Efficient Service Delivery: Smiling Sun NGOs and their clinics continue service delivery while continuing to provide quality services to the target population.**

During the extension period, SSFP will continue to guide the network NGOs in offering quality health services to the poor and using resources as specified in each NGO's business plan. SSFP will provide quality control to both the financial and operational activities of NGOs to enable the network to continue to develop a solid base of clients resulting in higher revenues. SSFP's supportive supervision and monitoring plan to supervise, monitor, and evaluate clinics on a continuous basis is attached in Annex F.

### **i. Increasing Network Efficiency**

*Conduct clinic monitoring visits to ensure compliance in all areas of clinic operations including branding.* Clinic monitoring visits are cornerstones of SSFP's approach to network efficiency. As in the past, visits will be conducted jointly by NGO and SSFP staff, so that feedback on key areas such as service delivery, infection prevention, clinic management practices, and service promotion is immediate. As part of monitoring visits, staff will ensure compliance with the Surjer Hashi brand and clinic and satellite sites. Clinic visits will include an analysis of service statistics of key indicators of the project. In addition, feedback on the findings will be presented to the NGO and clinic, and if required, an action plan to respond to the findings will be developed.

*Annual performance review meeting.* SSFP will organize an annual performance review meeting with project directors, FAM, and MIS officers to continue strengthening the capacity of NGOs to use data for project management, performance improvement and decision-making. During this meeting, participants will analyze service statistics, implementation of operations, and management systems, clinic maintenance, compliance with grant agreements, and implementation of the SSFP branding strategy. Immediately after the annual performance review meeting, each NGO will have a similar type of meeting with their clinic managers to review and

adjust clinic action plans. Follow up on these clinic-based meetings will be conducted by the Network Operations Team focal persons.

*Organize safe delivery training.* To ensure quality health services, especially in an environment of high professional turnover that directly affects performance and efficiency, SSFP will continue organizing clinical training sessions. Given the timeline of the extension period, SSFP will prioritize two training classes on safe delivery for 16 clinic staff (8 participants per training class) who have either been recently recruited or are working in a newly upgraded EmOC.

## **ii. Grants Management**

*Grants monitoring.* SSFP's contracts and grants team will continue to review grantee performance, provide feedback and guidance as needs, as well as conduct monitoring visits to review internal control systems and recommend improvements. Monitoring visits by the contracts and grants team will take place monthly. To ensure grantee compliance, SSFP will continue its financial reviews, voucher reviews and physical verification of accounts. SSFP will also continue our subcontract with A Qasem and Company to engage four to six voucher examiners to review of 100 percent of vouchers of all 26 NGOs as well as – on a sample basis – conduct physical verification. Voucher examiners will conduct monthly visits of selected clinics to increase the efficiency of financial management and ensure transparency.

*Conduct External Audit for NGOs.* SSFP will conduct an audit for the period April – June 2012 for all 26 NGOs to ensure proper utilization of USAID funds.

*Close out.* The Grants team will conduct a refresher workshop to update NGOs on closeout processes and communicate preparations required. During the workshop, NGOs will refine closeout timelines, update budget projections versus actual expenses, finalize financial and technical reporting, and disposition of assets, and receive instructions on filing requirements after the project ends.

## **iii. Program income**

*Develop a “disposal plan of Program Income earned and unused.”* A disposal of program income plan is included in Annex D. This plan includes the following 1) Disposal of estimated program income remaining on hand as of September 30, 2012; 2) Disposal of estimated program income to be earned during the September to December 2012 period; and 3) Disposal of the Revolving Drug Fund (RFD). As per the Statement of Work for the extension period, we anticipate the disposal of program income earned and used plan to be approved by the COR by October 15, 2012.

## **iv. Strengthening the Management Information System (MIS)**

In Year 5, SSFP partnered with local software development company, Technohaven Ltd., to finalize the integrated Online MIS and Accounting system for the network. This product was launched in April via a netbook computer loaded with software and distributed to each static clinic; all clinics received netbooks by May. Initial and follow up training sessions were

conducted for all end users of the system and NGO staff. During the extension period, SSFP will focus on strengthening this important system within the network.

*Validate and accuracy checking of entered data.* To reduce and minimize error in data entry SSFP will continue to maintain both paper and online systems simultaneously. Each NGO will be graduated to the online system when their clinic data is reliable. Checking the validity and accuracy of the data is a continuous process and is verified by generating an online report to compare with the manual reports to identify errors.

The first check will be done at the clinic level; data is entered by the counselor and verified by the clinic manager. Once the clinic manager has verified the data, s/he will send it to the NGO on a weekly basis. The second stage of validity is at the NGO level where the NGO MIS officer will verify the data from each clinic on a weekly basis. Finally, SSFP's MIS team and contracts and grants team will ensure fully accurate and valid data. Over the extension period, SSFP's MIS, contracts and grants, and network operations teams will conduct field visits to provide supervision to network NGOs to minimize errors in data collection and create an action plan for the NGO to graduate from paper to online reporting.

*Provide support to system users through a help desk.* To ensure smooth implementation of the new system, help desk support for software and system users is mandatory. To carry out this support, SSFP's IT team continue to support NGOs for computer hardware troubleshooting while a help desk consisting of eight dedicated technical persons from local subcontractor, Technohaven, will continue to provide support to clinic staff to solve online system related problems over phone or make a site visit to the clinic if required.

*Training on Online MIS & Accounting System.* SSFP will organize three training sessions for strengthening the knowledge and capacity of clinics, NGOs and SSFP staff. SSFP will organize one-day training sessions in early October for NOT, Grants, IT, and MIS teams to strengthen monitoring and supportive supervision of the system. To build the capacity of the NGO staff (PD, PM, FAM & MIS officers) to monitor the system and provide future TOT when clinics recruit new staff, SSFP will organize three-day training sessions. These training sessions will be organized around the annual performance review meeting when the trainees will already be in Dhaka. Finally, three-day training sessions will be organized at the regional level for clinic staff responsible for data entry and verification. NGOs will be grouped based on their stage of adopting the system and the content of the training will vary depending on the need of each NGO group. This training will begin in late October and continue through November.

**A3. Expansion of the Network: NGO clinics, satellites and community workers continue to expand the volume of clientele (especially for key ESP services), coverage of poor clients, range of services available, and quality of care.**

As in past years, SSFP will provide all services included in Essential Service Delivery Package through its clinics, with special emphasis on safe delivery and LAPM. SSFP's network technical support team will monitor network performance to ensure the volume of health services provided increases each month. SSFP will continue cooperating with other USAID implementing partners to increase service providers' technical skills and scale-up successful interventions. As has been the case since the beginning of the project, maintaining and improving quality care across the

network is of the essence. Surjer Hashi Health Groups will continue to encourage communities to adopt healthy behaviors and increase clients visiting the clinics. Finally, SSFP will increase access to services in the CHT areas as well as expand urban health and nutrition in the Feed the Future (FTF) priority areas.

### **i. Expansion of Service Volume**

During this extension period, SSFP will continue to improve quality of service delivery and increase accessibility to safe motherhood for the clients it serves. This improved service quality and increased accessibility to safe deliveries is expected to result in higher customer flows.

*Urban health expansion in Madhabdi.* At the end of Year 5, SSFP received approval to expand services in Madhabdi and take over two clinics previously operated by the UPHCP project funded by ADB. SSFP is in the process of signing an MOU with municipality leadership as the required first step to move forward with the expansion. Once signed, SSFP will begin work with PSTC, the network NGO that will manage Madhabdi clinics, to convert the clinics to SSFPs look and layout and ensure clinic staff are properly trained on SSFP's management procedures and systems. In addition, SSFP will operate two fixed satellite spots in strategic areas in the community of Madhabdi Municipality in order to reach the maximum population. With the addition of these clinics, SSFP's network will consist of 327 static clinics and 8,836 satellite spots (Indicator 41).

*Expansion of three fixed satellite spots in Khagrachhory, Rangamati, and Bandarban.* To increase access to services for the CHT population, and based on demand, SSFP will upgrade satellite spots to 'fixed' satellites, meaning they will be open daily rather than certain days per week or month. Each fixed satellite will be located in a strategic area mutually identified by Family Development Research and Services (FDSR), the CHT secretariat, and SSFP, to serve the maximum number of people. Fixed satellites will be comprised of one paramedic, one service promoter, one clinic aid, and one cleaner; the satellite will provide family planning and child health services, including EPI, ANC, and PNC services.

*Task forces.* As in previous years, task forces on different areas of service delivery will monitor service performance and guide respective NGOs to take corrective measures where required. Each task force includes one member of the technical support team and one member of the network operations team.

*The maternal health task force.* This task force will meet regularly to monitor ANC, PNC, and safe delivery activities and support NGOs to improve the quality and performances in these areas. The member of the technical support team of this task force will also be involved in onsite orientation of service providers. This taskforce will coordinate with GoB and other stakeholders in updating the maternal health strategy, implementing the DSF program, and participation of maternal health-related events and activities of GoB. All activities of this taskforce will be documented at the end of month and will be submitted to the health officer who will report the task force's activities to the chief of party. During the reporting period, SSFP aims to achieve 6,100 safe deliveries, 0.31 million ANC consultations, and 10,077 postpartum/newborn visits within three days of birth (OP14, OP12, and OP11).

*The child health task force.* This task force will regularly monitor child health activities and support NGOs to improve the quality of services and performance in these areas. This task force will actively collaborate with the IMCI and EPI sections of DGHS and participate in all governmental activities as well as engage NGO HQ and clinic staff to be involved in local level child health programs. This taskforce will regularly attend IMCI related meetings of DGHS and represent SSFP in the National Steering Committee for Polio Eradication meetings. Finally, this taskforce will be actively involved with government efforts to develop a Child Health Strategy. During the reporting period, SSFP estimates that Surjer Hashi clinics will treat 36,972 cases of child pneumonia and provide PENTA3 to 84,261 children (OP19 and OP20).

The Government of Bangladesh's expanded program on immunization (EPI) recently adopted the policy that vitamin A capsules will not be provided during measles vaccinations. Therefore the number of vitamin A capsules, which are provided to children to prevent night blindness and severe malnutrition, that SSFP provides was reduced toward the end of Year 5 reduced. The target for vitamin A for the first quarter of Year 6 was set by estimating the prevalence of night blindness among children under 5 (12.9%) and taking into account SSFP's catchment population of 20 million. This resulted in a target of 258 for a three month period and the target for OP21.

*The family planning task force.* The FP task force will monitor SSFP's family planning activities with a special focus on LAPM. They will actively coordinate with Mayer Hashi of EngenderHealth to advance LAPM performance and support NGOs to coordinate more effectively at the local and national level for improving LAPM performance. SSFP expects to provide 0.38 million CYP during the reporting period (OP1).

*The TB task force.* The TB task force will monitor the TB performances of eight partner NGOs for implementation of the urban TB DOTS program in four city corporations and will liaise with NTP and BRAC to ensure proper implementation of the TB DOTS program in SSFP clinics per national standards.

*The diagnostic task force.* This task force will monitor SSFP's diagnostic and lab services and identify ways to maximize their potential through internal marketing and customer referrals.

*Nutrition Activities.* As the 6<sup>th</sup> year begins, IYCF activities with a focus on essential nutrition have been successfully rolled out in 30 clinics, 14 of which are in USAID's FTF areas. During the extension period, SSFP will expand IYCF activities in another 36 clinics all in FTF areas through technical and financial support from FANTA. In the first phase, the NGO Monitoring Officers will be trained through training-of-trainers, after which they will be able to train their own respective clinic staff including Clinic Managers, Medical Officers, Paramedics, Counselors and Service Promoters. Finally, selected staff from each clinic will train their respective Community Service Providers at the clinic level. The first phase of the training will begin in mid-October with all trainings completed by mid-November 2012.

Specifically, SSFP will integrate the following activities into clinics:

- IYCF TV spots will be shown in waiting rooms supplied by FANTA in order to raise awareness on infant feeding including exclusive breastfeeding up to 6 months of age and complementary feeding from 6 months to 2 years and communicate best practices related to IYCF.

- Breastfeeding and maternal nutrition counseling will be provided during ANC and PNC visits.
- Iron Folic Acid will be provided to all ANC and PNC mothers as per government standard protocol. This activity will also be documented and reported on monthly basis.
- Growth monitoring will be done for all children and will include proper documentation and reporting.
- SSFP will continue adherence to government policies regarding Vitamin A and will provide capsules to children between 1-5 years of age during national campaigns (National Vitamin A Day or NID). All clinics, including clinics with nutrition activities, will report this activity to SSFP.
- CSP (along with service promoters) of clinics with a nutrition component will conduct at least five meetings with different stakeholders in the community. These meeting will involve SHHG members to further raise awareness on IYCF and other hygiene behaviors.

Clinics implementing nutrition activities will report on the following 6 indicators:

- The number of staff trained on IYCF;
- The number of pregnant and lactating women prescribed with 30 IFA tablets during ANC/PNC visits;
- The number of de-worming tablets provided to children under 5 years of age;
- The number of under 5 children who received Vitamin A;
- The number of service contacts with children under 2 who are included in growth monitoring; and
- The number of newborns breastfed within 1 hour of birth.

## **ii. Expansion of client base**

During this extension period, SSFP will continue to expand its client base with a focus on the hard-to-reach areas of the Chittagong Hill Tracts (CHT) and urban slums. Continuous collaboration and integration with other USAID projects paired with the provision of quality services will further increase clients. Finally, SSFP will generate demand through national- and local-level campaigns.

*Continue service expansion in CHT.* The Chittagong Hill Tracts region is politically, ethnically and epidemiologically different from the rest of the country. Responding to a GoB request, SSFP opened a clinic in each of the three CHT districts: Khagrachori, Bunderban, and Rangamati. The three clinics increase their reach to customers with 97 satellite sites in total.

*Reaching the poor.* It is SSFP's goal to reach as large a poor client base as feasibly possible; by the end of Year 5, it is estimated that 33 percent of all service contacts were to the poor (OP 33). In the extension period, SSFP will continue to expand and pursue new opportunities for corporate sponsored health benefit card program which provide health services to the poor. In addition, SSFP will continue to partner with UCEP schools, serving their students and families, all of which qualify as poor. Finally, SSFP will continue to develop methods to further identify poor through the quarterly meetings.



*Service expansion in urban slums* With a growing urban population that lacks access to health services, SSFP will support NGOs working in urban areas to increase services provided in urban slums. In Year 5, SSFP finalized guidelines for NGOs to expand satellite spots into urban slums. In the extension period, SSFP will provide supervision to these NGOs to ensure the guidelines are appropriately implemented.

*Campaigns.* SSFP's communication efforts will remain a strong focus during this extension period. SSFP will build on lessons learned from effective interventions from the past. Additionally, SSFP will conduct advocacy campaign to increase more safe deliveries in SSFP facilities and to promote the concept of safe motherhood. Specifically, SSFP will conduct the following campaigns.

- *Local level campaigns to promote LAPM services.* SSFP will continue to improve access to an array family planning methods and services by enhancing its capacity to provide LAPM, particularly the IUD, Implant, NSV and Tubectomy. In December, SSFP will conduct a month-long campaign on LAPM in collaboration with GoB. During this campaign, clinics will organize advocacy meetings and distribute materials for service promotion.
- *Local- and national-level campaigns to promote hand washing.* During the extension period, SSFP will continue promoting hand washing and safe water as a means to prevent infections and diseases. In October, a campaign will be conducted with the support of ACI and will target mothers and students as well as service providers.
- *Mass media campaign for safe motherhood.* SSFP will continue to promote safe motherhood services through electronic media. A special campaign which started at the end of Year 5 will remain in place. SSFP will ensure free safe delivery services to the poorest of poor people.

*Demand generation.* Increasing the demand for services is critical to produce health impact and improve program and financial sustainability. During the final quarter, SSFP will continue Surjer Hashi Health Groups in all clinics as a way to better interact with clients, cultivate loyalty and create an environment that supports health behavior change and use of health services. Finally, SSFP will continue to participate in national/international days linked with the GoB and service delivery. SSFP clinics will coordinate with the GoB, local communities, and other organizations, working to observe three important days (Global hand washing day, World AIDS day, World Pneumonia Day) and organize events at the national and local level.

### **iii. Maintenance of Quality of Care**

Over the past five years, the quality monitoring and supervision (QMS) system has been institutionalized across the network. As a result, the brand is recognized as a symbol of quality by network members, stakeholders, and most importantly, clients. During the extension, SSFP will continue efforts to educate NGOs and clinics about family planning compliance legislation, as well as monitoring family planning policy compliance.

*Routine technical monitoring visits including Clinic Level Quality Circle (CLQC):* SSFP's technical team members will pay special attention to the improvement of quality at the clinic level by ensuring clinic staff follow principles of CLQC during routine monitoring visits. They

will provide on-the-job orientation on documentation of quality related activities in their weekly quality meetings, responding to customers' opinion gathered through suggestion boxes, exit interviews and PDSA tool to solve problems.

*Follow up clinical training sessions.* SSFP's technical team and network operation team members will follow up with the trained staff of the clinic by using set checklist during clinic monitoring visits.

*Revision of clinical services manual and endorsed by the GoB.* SSFP's clinical service delivery manual – currently in draft form – will be finalized following a quick review by the GoB. The manual will be printed and distributed in October 2012.

#### **iv. Coordination**

SSFP will continue to proactively share information and collaborate with a wide array of partners including USAID implementing partners, GoB, other donors, and relevant organizations.

#### **A4. Capacity building of Local Partner NGOs**

SSFP provided technical assistance to partner NGOs through formal workshops, site visits, and continuous mentoring. During the extension period, SSFP will maintain this assistance focusing on further strengthening all aspects of partner NGO's policies, procedures, and systems. Objectives of this capacity building support are to ensure, to the extent possible, that the NGOs improve their internal management and administrative systems and practices, develop staff skills in the areas of project management and administration, develop an appropriate governance structure to meet their objectives, guarantee that roles and responsibilities are clearly understood and made operational by all staff, and improve monitoring and evaluation reporting procedures to maintain data quality.

##### **i. Capacity building of NGOs**

During the extension period, SSFP will continue to build the capacity of the network NGOs through a one-day module training session for each of the 26 NGOs and continuing the Organizational Development (OD) Help Desk.

*Deliver management modular courses to NGOs.* Based on the results of the baseline assessment of NGO institutional capacity and feedback from OD trainings delivered during Year 5, SSFP will continue to engage CBSG to deliver module training for each NGO. The NGO will choose one of the following two module training sessions to be delivered to their NGO depending on their individual need: "Decentralization and Time Management" or "Supervision and Team Building." As ten NGOs have received this training prior October 1, 2012, 16 NGOs will receive the training during the four month extension to complete module training with all 26 NGOs by project end.

The one-day training will be delivered at the NGO headquarters; participants will include 12 to 15 managerial NGO staff including board members and clinic staff. Each module training session will include a presentation of concept and analytical tools, participatory analysis of

organizational strengths and weakness, and will help the NGO to devise a roadmap for organizational change and development (also known as human and institutional capacity development). These module training sessions will be followed up through the OD Help Desk.

*Help Desk and follow-up.* SSFP's OD Help Desk was formed to provide necessary follow-up support to all 26 NGOs in HR manual preparation and management development initiatives. During Year 5, five NGOs completed an HR manual, while others are in the various stages of finalization. Help Desk specialists will continue to support NGOs to finalize their HR manuals and to institutionalize the concepts learned during recent capacity building trainings. Help Desk specialists will monitor and support the designated NGO's progress through site visits (a minimum of one per NGO for each reporting period), telephone check-ins, and e-mail.

## **ii. Additional Capacity Building of Best Performing NGOs**

SSFP has conducted a baseline assessment of the institutional capacity of all local NGO partners. Through this process, the ten best performing NGOs were selected for concentrated capacity building to ensure that their policies, procedures, and systems are developed to a level that will allow for them to be recipients of direct donor funds. During Year 5, the top NGOs received continuous training on HR policies and practices, lifecycle communications, management development, USAID rules and regulations, project design, and grant applications. During the extension period, SSFP will continue help desk support for the selected NGOs, conduct a project design and grant application training, and conduct one-day module training sessions on gender responsive strategies.

*Continued help desk support and follow-up.* SSFP will provide additional capacity building for the ten selected NGOs through focused attention from the OD Help Desk so that the various topics introduced over the past five months are institutionalized. Specifically, OD Help Desk specialists will work with the five NGOs who have finalized their human resource manual to ensure institutionalization and consistent use of the manual. OD Help Desk experts will continue to work with the five remaining NGOs to finalize their manuals.

*Project Design and Grant Application training.* SSFP will complete the project design and grant application training with the remaining NGOs. The initial training held in July and was delivered to the top six NGOs. In the extension period, the remaining four NGOs will receive this training so that all 10 will receive the information.

*Modular training on incorporating gender responsive strategies.* In addition to the module training sessions described above, the best performing NGOs will also receive a one-day module training on how to incorporate gender-responsive strategies into their organization.

## **A5. Operations and Administration**

*Personnel.* SSFP will conduct the closeout of expatriate and local staff as described in the closeout plan submitted on September 5, 2012. As part of the closeout process, local staff will receive an attestation of employment (work certificate) and ensure all financial matters are cleared prior to closing of the individuals' file.

*Property Management.* SSFP will continue to track all project inventory and maintain an up-to-date inventory list. As part of the closeout process, SSFP will create a plan to dispose of all property acquired during the life of the project. Per FAR 52.245-1 “Government Property” SSFP will submit the disposition plan to the contracting officer for approval.

## **B. Cooperation and Collaboration with other USAID Projects**

*Mayer Hashi.* SSFP will continue collaboration with EngenderHealth’s Mayer Hashi program to expand LAPM.

*MaMoni.* SSFP will continue collaborating with Save the Children and *MaMoni project* community health workers to refer LAPM, ANC, and PNC clients, as well as clients for other services, including child health and limited curative care, to SSFP static and satellite clinics.

*Helping Babies Breathe (HBB).* During Year 5, every SSFP Ultra clinic was equipped with a NeoNatalie Resuscitator (bag and mask- 0 and 1 size) and NeoNatalie Suction (Penguin Suction unit). SSFP will partner with HBB to provide a half-day refresher training to NGO monitoring officers to ensure proper use of NeoNatalie equipment.

*Social Marketing Company (SMC).* In addition to accessing the SMC’s resources to supply contraceptives when GoB sources are out of stock, SSFP will continue to coordinate with SMC’s Blue Star network to ensure effective client referrals of potential LAPM accepters, particularly for intrauterine contraceptive devices (IUDs), and will continue distributing Monimix nutrition supplements, low osmolarity oral rehydration salts (LoORS), and clean delivery kits through CSPs.

*Modhumita.* SSFP will continue partnering with FHI360’s Modhumita project to provide family planning and other health services at their drop in centers. During the extension period, SSFP will identify one Ultra clinic to work with FHI360 to make delivery services friendlier to pregnant HIV positive couples. An awareness-raising session with health care providers will be sponsored by FHI360. Thus the interventions would improve the quality of care, increase utilization, and contribute to overall improvements in maternal health, while also enhancing prevention of mother-to-child-transmission and HIV care.

*Mobile Alliance for Maternal Action (MAMA).* SSFP has been involved in MAMA Bangladesh since its pilot phase in September 2011. Aponjon is the brand of MAMA, SSFP clinic staff motivated pregnant women and registered them for mobile Aponjon message subscription. Currently, 80 Surjer Hashi clinics are implementing Aponjon/MAMA activities. In the extension period, MAMA plans to include another 146 Surjer Hashi clinics in 26 districts.

*White Ribbon Alliance.* SSFP will continue to serve on the executive committee of the White Ribbon Alliance with Dr. Arefin Islam, health officer, serving as the chair through December.

*Bangladesh Knowledge Management Initiative (BKMI).* During Year 5, SSFP supported BKMI’s e-health pilot by organizing a visits of BKMI team members to Surjer Hashi clinics in Sylhet and Chittagong to examine the BCC needs of service delivery providers. BKMI is in the process of rolling out their e-health toolkit pilot to field workers in these districts and will include Surjer

Hashi clinic staff in this pilot. During the reporting period, Surjer Hashi staff in clinics in these districts will participate in the pre-test and training of the e-health toolkit.

### **C. Cross-Cutting Issues**

*Gender.* SSFP will continue take measures for ensuring a women friendly environment in the clinics. Efforts will continue to (i) communicate the importance of ANC, delivery care and PNC to all household heads/pregnant women at the grass root level, (ii) orient service providers at the clinic levels on gender equity and (iii) include topics on the health needs of both males and females and their impact on gender disparities, in training curricula. Further steps will be undertaken for sharing SSFP's gender policy with the NGOs. In addition the Surjer Hashi Health Groups will be used to increase accessibility to safe motherhood services; to do so, SSHGs are expected to favor male involvement in family planning and reproductive to better address women's needs.

*Youth.* As in previous years, SSFP will continue working on service providers' attitudes toward young customers to be followed up this year during routine monitoring visits.

*Anti-corruption.* During the extension period, SSFP will continue using the tools and methodologies that ensure proper use of resources and information to ensure transparency including regular monitoring visits and an annual audit of NGO partners. Strengthening SSFP's Online MIS and Accounting system will help in achieving transparency across the network.

## ANNEX A: PROGRAM INDICATORS

No.	Indicator	Baseline	Year 1		Year 2		Year 3		Year 4		Year 5		Year 6, Q1
			Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target
Program Component 1: Reduce unintended pregnancy and improve healthy reproductive behavior													
OP1	Couple-years of protection (CYP) in USG-supported programs (in millions of couple-years)	0.9	0.97	1.24	1.29	1.41	1.42	1.4	1.44	1.53	1.61	TBD*	0.38
OP2	Number of people trained in FP/RH with USG funds	166	1,000	1,049	5,149	6,637	303	300	278	255	378	385	0
OP3	Number of counseling visits for Family Planning/Reproductive Health as a result of USG assistance (in millions of visits)	1.65	1.73	1.88	1.98	2.11	2.12	2.54	2.6	2.64	3.2	TBD*	0.8
OP5	Number of policies or guidelines developed or changed with USG assistance to improve access to and use of FP/RH services	0	4	6	15	6	8	2	1	0	2	1	0
OP6	Number of new approaches successfully introduced through USG-supported programs	0	1	5	9	5	8	5	2	2	2	1	0
OP7	Number of USG-assisted service delivery points providing FP counseling or service	15,201	15,368	14,954	15,400	14,698	15,400	15,413	15,500	15,242	15,530	15,454	15,475
OP8	Amount of in-country public and private financial resources leveraged by USG programs for FP/RH (in millions of US dollars)	4.97	5.02	5.0	5.02	5.0	5.27	5.29	5.3	5.025	4.731	TBD*	0.95
OP9	Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP	205	N/A	234 (175 for Norplant)	N/A	234 (175 for Norplant)	N/A	312 (181 for Norplant)	N/A	0	N/A	66	N/A
OP10	Number of medical and paramedical practitioners trained in evidence-based clinical guidelines	24	100	101	900	101	419	359	876	824	566	662	16
Program Component 2: Improve child survival, health, and nutrition and Program Component 4: Improve maternal health and nutrition													
OP11	Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs	8,000	8,400	12,714	13,985	15,094	15,383	22,431	24,500	23,270	25,725	TBD*	10,077

No.	Indicator	Baseline	Year 1		Year 2		Year 3		Year 4		Year 5		Year 6, Q1
			Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target
OP12	Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities (in millions of visits)	1.17	1.19	1	1.2	0.92	1.17	1.21	1.22	1.3	1.37	TBD*	0.31
OP13	Number of people trained in maternal/newborn health through USG-supported programs	86	1,000	1,028	3,079	1,028	5,566	5,500	400	455	35	54	16
OP14	Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs	8,000	8,400	12,714	13,985	15,094	15,383	22,423	24,500	20,352	25,725	TBD*	6,100
OP15	Number of people trained in child health and nutrition through USG-supported health area programs	2,549	2,800	971	8,055	971	120	115	200	222	138	143	0
OP16	Number of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs	8,000	8,400	12,714	10,209	12,709	11,230	16,704	18,375	16,872	19,000	TBD*	4,113
OP18	Number of newborns receiving essential newborn care through USG-assisted programs	8,000	8,400	12,714	13,985	15,094	15,383	22,423	24,500	23,265	26,700	TBD*	12,800
OP19	Number of cases of child (< 5 yrs) pneumonia treated with antibiotics by trained facility or community health workers in USG-supported programs	161,585	169,664	144,582	170,000	120,971	161,585	189,518	195,000	148,614	205,000	TBD*	36,972
OP20	Number of children less than 12 months of age who received Penta3 from USG-supported programs	289,801	295,597	271,550	296,000	259,286	289,801	307,875	315,000	328,057	330,750	TBD*	84,261
OP21	Number of children under 5 years of age who received vitamin A from USG-supported programs	351,648	369,230	233,355	395,077	1,465,954	351,648	2,990,398	2,000,000	3,748,073 (with NID)	3,935,746 (With NID)	TBD*	N/A
										315,948 (w/o NID)	331,745 (w/o NID)	TBD*	258
OP22	Number of cases of child (< 5 yrs) diarrhea treated in USAID-assisted programs (in millions of cases)	1.98	2.07	1.71	2.23	1.64	1.98	2.09	2.1	2.3	2.3	TBD*	613,380
OP23	Number of health facilities rehabilitated	0	25	26	160	115	202	187	14	15	12	68	2

No.	Indicator	Baseline	Year 1		Year 2		Year 3		Year 4		Year 5		Year 6, Q1
			Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target
OP24	Number of people covered with USG-supported health financing arrangements (in millions)	7.18	7.99	7.3	8.29	7.33	8.61	12.37	8.94	7.364 <sup>1</sup>	7.733	TBD*	2.06
OP27	Assessment of USG-assisted clinic facilities compliance with clinical standards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Program Component 5: Prevent and control infectious diseases of major importance</b>													
OP28	Case notification rate in new sputum smear positive pulmonary TB cases in USG-supported areas	Not Available	71	72	72	79	78	74	115	110	110	TBD*	57
OP29	Number of people trained in DOTS with USG funding	44	17	17	100	111	62	74	47	40	15	80	0
OP30	Average population per USG-supported TB microscopy laboratory	71,115	85,000	65,000 (abolished huge slums)	70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000
OP31	Percent of USG-supported laboratories performing TB microscopy with over 95% correct microscopy results	75%	78%	70%	80%	70%	82%	82%	85%	92%	92%	92%	92%
<b>Project Objective: Access to sustainable health services maintained and expanded</b>													
OP32	Percent of cost recovery	25%	25%	31%	35%	32%	50%	41%	50%	41%	45%	TBD*	42%
OP33	Percent of poor service contacts	26%	27%	27%	28%	26%	29%	31%	30%	31%	31%	TBD*	33%
<b>Performance Outcome 3: Smiling Sun Network expanded</b>													
41	Total number of clinics (ultra and vital; targets set by static and satellite)	319	335	319	319	320	319	323	319	323	325	325	327
		8,516	8,666	8,508	8,516	8,545	8,516	8,670	8,516	8,702	8,700	8,817	8,836
43	Total service contacts (in millions) (Result 3.2)	27.6	29.5	27.2	29.6	28.5	29.7	40.26	32.8	53,767,844 (with NID)	56,456,236 (with NID)	TBD*	N/A
										32,726,121 (w/o NID)	34,362,427 (w/o NID)	TBD*	8,132,230
45.A	Number of clinics properly implementing infection prevention procedures	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	969	975	981

<sup>1</sup> The decline in the Y4 achievement is due to the calculation of service contacts rather than the catchment area



No.	Indicator	Baseline	Year 1		Year 2		Year 3		Year 4		Year 5		Year 6, Q1
			Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target
52	Total number of individuals that received services from the network (in millions)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6.9 <sup>2</sup>	TBD*	N/A
<b>Capacity of NGO Grantees improved</b>													
OD1	Number of NGOs using computerized financial management systems	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	26	26	26
OD2	Number of NGOs completing an institutional capacity baseline self-assessment	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	26	26	0
OD3	Number of NGOs providing reports based on an institutionalized electronic performance management system	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	26	TBD*	26
OD4	Number of policies or strategy items on which the membership council provided guidance.	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	12	10	2

<sup>2</sup> 6.9 is the initial projection for Y5 to be revised at the mid-point if necessary

## ANNEX B: CLINICAL TRAINING CONDUCTED DURING THE QUARTER

Name of training	Duration	Trainees	Number of Participants (Core Training Group)	
Maternal health:				
Safe Delivery	21 days	Paramedics of EmOC, Safe Delivery and Home Delivery unit of SS clinic	Medical Officers: 0	Paramedics: 16

## ANNEX E: IMPLEMENTATION PLAN

Activity	September/ October					November					December					January					Focal (one) Person	Support persons
Week Beginning	30	7	14	21	28	4	11	18	25	2	9	16	23	30	6	13	20	27				
<b>PO1: Governing Council, Communications, and Strategic Partnerships</b>																						
<b>Functionalize and Strengthen the established Governing Council</b>																						
Organize Meetings of the Membership Council						x					x										SPA	
Clinical Quality Council Meetings									x													
Submit a report on periodic meetings of the governing council													x								SPA	COP
Interaction with MoHFW/DGHS/DGFP/CHT Affairs Ministry/Local Govt. Division's policy makers and staff	x	x	x	x	x	x	x	x	x	x	x	x	x								SPA	
Conduct joint clinic visits with policy makers and GoB officials					x				x												SPA	
Briefing meetings with District/Division-level Health and Family Planning (FP) officials and Rural Development (LGRD) and City Corporations.				x				x													SPA	
<b>Program Communications</b>																						
<b>Communication materials and tools</b>																					CS	
MC e-Newsletter							x															
Updating website	x	x	x	x	x	x	x	x	x	x	x	x	x									
Weekly News Briefs	x	x	x	x	x	x	x	x	x	x	x	x	x									
Y5 Annual report					x																	
Final report																x	x					
Publication of material and Success Stories								x	x													
<b>Closeout Event</b>																					CS	
Closeout events											x											
Materials development				x	x	x	x	x	x	x	x											
Involve media in closeout event						x	x	x	x	x	x											
<b>Private Sector Partnerships</b>																						
<b>Fees for Service</b>																						
Meetings to continue service with masons Akij Group	x		x		x		x			x											SPS	
Closeout with H&M	x	x																			SPS	
<b>Infrastructure Equipment and Operations</b>																						
Continue partnership with Chevron and Cemex	x	x	x	x	x	x	x	x	x	x	x	x	x								SPS	NOO, MIS S.
Meetings to maintain and expand relationships with ACI and KAFCO	x	x	x	x	x	x	x	x	x	x	x	x	x								SPS	NOO, BSPS
Define new partnership opportunities (Mutual Trust Bank, NCCBL, Tullow, Pran group, other prospective bank foundation etc.)	x	x	x	x	x	x	x	x													SPS	NOO, MCS, BSPS
<b>Other Partnerships</b>																						
UPPRP	x	x	x	x	x	x	x	x	x	x	x	x	x									
UCEP	x	x	x	x	x	x	x	x	x	x	x	x	x									
<b>Media Partnership and Event sponsor</b>																						
Pursue pharmaceutical company to participate closeout event as sponsor		x				x	x	x	x												SPS	PS, BSPS



<b>Nutrition activities</b>																						
Implementation of nutrition activities with FANTA support in 36 clinics under USAID FTF program						x	x	x														
Conduct ToT for MO's and PDs					x																	
Distribution of all training related materials from SSFP to NGOs						x																
Cascading trainig of clinic staff at regional level							x															
CSP training at regional level								x														
Implementation of IYCF activities begins in 36 clinics										x												
SSFP and FANTA conduct joint clinic visits												x	x									
Refresher training on "Helping Baby Breathe" for Monitoring Officers with support from HBB program										x												
<b>Expansion of client base</b>																						
<b>Continue service expansion in Chittagong Hill Tracts (CHT)</b>																						
Conduct clinic service promotion campaigns					x	x													Jamil	Rehan		
<b>Service to the Poor</b>																						
Provide support to NGOs in order to increase service to the poor	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							
<b>Service expansion in urban slums</b>																						
Provide support to NGOs to continue activities in collaboration with other donors to serve more slum people	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x					Sohel	Javed	
<b>Campaigns</b>																						
Conduct local-level campaigns to promote LAPM services											x	x	x	x					Jamil	Arefin, Rehan		
Conduct local level and mass media campaigns to promote handw ashing	x	x	x																Rehan	Jamil		
Airing TVCs on ANC and Safe Motherhood	x	x				x	x	x	x													
<b>Demand Generation</b>																						
Conduct meetings, provide technical support, regular monitoring, and follow up with 9,000 Surjer Hashi Health Groups	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				Rehan	Jamil		
Participate in national/international days linked with GoB and service delivery (Global Hand Washing Oct; Pneumonia Nov; Worlds AIDS day Dec)			x				x			x									Rehan			
<b>Maintenance of Quality of Care</b>																						
Improvement of Quality of Care																						
Routine technical monitoring visits including CLQC	x	x	x	x	x	x	x	x	x	x			x	x								
Review and finalize daily/weekly/monthly checklists as needed to include new indicators	x	x	x	x	x	x	x	x	x	x	x	x	x	x								
Follow-up clinical trainings				x			x	x														
i. Revision, endorsement by GoB and printing of Clinical Services Manual (1000 copies)								x														
<b>Performance Outcome No. 5 - Organizational Development</b>																						
Management Modular Course - 16 courses			x	x	x		x	x	x				x									
Report on Management Modular Courses														x								
Gender Orientation - 10 Sessions			x	x	x		x	x														
Report on Gender Orientation											x											
One 4-day training for four NGOs (Kanchen, Shimantik, FDSR, VPKA)							x												Emdad	Razzak, CBSG		
<b>Training Report for Grant Application Training</b>																						
Help Desk Experts support bi-Monthly NGO visits and check ins (30 visits total)																						

[illegible]

## ANNEX F: SUPPORTIVE SUPERVISION AND MONITORING PLAN FOR LOCAL NGO PARTNERS

The Smiling Sun Franchise Program (SSFP) delivers high-quality and affordable health services to millions of Bangladeshis through its 26 NGO grantees. Below, SSFP presents its supporting supervision and monitoring plan for its NGO partners through financial monitoring, operations monitoring, quality monitoring, and management information systems. This plan will cover the period of October 1, 2012 – December 31, 2012

### A. Financial Monitoring Plan

Financial monitoring of the NGOs is led by the grants team. The first step to supportive supervision and monitoring is the MFRR, followed by budget monitoring, and planned field visits.

*Overview.* Chemonics has a fiduciary responsibility for the proper management of grant money during the project period. This responsibility is not limited to the funds invested in accordance with the prime contract and USAID regulations, but also includes the responsibility to ensure adequate internal control and compliances.

*Monthly Financial Reconciliation Report (MFRR) and review process.* SSFP has a monthly financial reporting and monitoring process in place. The monthly financial reconciliation reports are the main tool of financial control enabling cost centers to monitor income and expenditure against budget.

To complete voucher examination, SSFP will continue to engage a local USAID-listed audit firm to complete voucher review through 6 well qualified personnel.

The voucher examiners review 100% of the vouchers every month from the 351 cost centers (325 clinics/26 NGOs) at the time the NGOs submit the Monthly Financial Reconciliation Reports (MFRRs) together with the copies of paid vouchers and supporting documentation. The voucher examiners check the conformity of vouchers with USAID financial management requirements, SSFP grants management guidelines and generally accepted internal control requirements of valid payment documents. Deviations from the aforementioned guidelines are reported in the MFRR review report, which is returned to the NGOs for additional clarification if required by SSFP Grants Team members.

SSFP's grants team reviews the monthly voucher examination reports and sends the report to the NGO for additional clarification if required. In some instances, based on the review findings and clarifications, some costs are identified as unallowable and refunds are requested and the relevant MFRRs are revised. A separate Unallowable Cost Tracking File is maintained for every network NGO. As a result, the entire review process and remedial actions are well-documented to substantiate the proper checking of vouchers.

*Budget Monitor.* SSFP has a tool to monitor budget vs expenditure in place. NGOs submit the Budget Monitor along with MFRR by the 15<sup>th</sup> of each month to SSFP's Grants Team. SSFP will continue monthly reviews of the MFRR and budget monitor and have the monthly reviews completed by the first week of the following month.

*Field Monitoring Plan.* To ensure NGOs maintain appropriate accounting systems for recording all financial data, SSFP is conducting periodic monitoring visits onsite –led by the SSFP Network Operations and Grants Teams.

Under the monitoring plan, SSFP's vouchers examiners (engaged through an external audit firm) and Grants and Contracts team members will visit all 26 NGOs and 100 selected clinics during the three month period. Voucher Examiners will visit NGO and clinics to conduct physical verification of selected vouchers (approximately 10% - 20% of vouchers per clinic during the physical verification).

SSFP team members, and the audit firm hired to build NGO capacity in financial management and developing accounting system will confirm record consistency between NGO and SSFP accounts during monitoring visits.

Moreover, SSFP will also assign the selected NGO Project Director and Finance and Admin Manager to conduct field monitoring visits for other NGOs.

*Computerized accounting System.* To strengthen the existing accounting system SSFP introduced an online MIS and Accounting System in Year 5. To continue to support NGO and clinic staff in transitioning to this new system, SSFP will continue to engage a local, USAID-listed audit firm to ensure experienced, qualified accountants will provide support and capacity building to NGOs and ensure labor is retained through the life of the project.

**B: Network Operations Monitoring**

Business plans are a cornerstone of NGO operations. In September 2012, staff from SSFP’s Operations Team and Grants Team jointly led NGOs through a business planning process for the 4 month extension period for NGOs to describe their activities for the year and prepare a budget and cost recovery targets. To monitor progress, effectiveness, and consistent utilization against the business plan members of SSFP’s Operations Team are designated ‘focal persons’ to NGOs. The assignments are shown in the table below:

Focal Persons for Partner NGOs	
Name of Focal Person	Name of NGO
Mohammad Sohel	SWANIRVAR
Rehan Uddin Raju	IMAGE, FDSR, NISHKRITI, PSF
Rezaul Karim	CWFD, PSKS, CRC
Arif Mahmud	SUPPS,SHIMANTIK ,BANDHAN ,JTS
Javed Khan	PKS ,KANCHAN, UPGMS
Jamil Anowari	SSKS, SOPIRET
Sadananda Paul	PROSHANTI ,BAMANEH, SGS
Golam Tareque	PSTC, KAJUS, TILLOTAMA ,SUS
Tanoy Dewan	VFWA, VPKA

*Business plan review and monitoring tool.* To monitor progress against business plans, NGOs develop monthly performance reports per SSFP’s provided format. Through this report, the NGO focal person assesses and monitors performance of each clinic under the NGO including financial performance, service delivery, marketing, and training. Through this process, focal persons are able to identify weakness and take appropriate steps to improve performance.

*SSFP Field Visits.* Each focal person will perform a site visit to a minimum of 18 numbers of their assigned clinics and NGO - HQs during the reporting period using the established field visit checklist. After each visit, the network operations officer, Md. Sohel, will review the trip report from each focal person and filters any items to the implementing NGO and COP as required.

*Annual Performance Review Meeting.* SSFP will organize one annual network-wide performance review meeting the first week of November with project directors, FAM and MIS officers to continue strengthening the capacity of NGOs to use data for project management, performance improvement and decision-making.

Immediately after the network-wide annual performance monitoring meeting, NGOs will hold a similar meeting with their clinic managers to review and adjust clinic action plans. The assigned focal person for each NGO from SSFP’s operations team attend the NGO annual performance review meeting to provide support and draft a report on the meeting to share with SSFP’s network operations officer and COP.

**C: Quality Monitoring**

Quality is a second cornerstone of SSFP. At SSFP’s outset a quality management system (QMS) was developed and over revised, fine tuned, and institutionalized across the network.

This QMS operates at three levels — clinic, NGO, and SSFP — and is guided by a well-accepted manual on Quality Management System that provides clear checklists and instructions for each



level – SSFP/Central level, NGO level, and clinic level. As the system is in place, SSFP’s core activity is to monitor the system and ensure consistency of the quality across the network.

*SSFP/Central level.* SSFP’s network technical support team is responsible for overseeing network-wide assuring, maintaining and improving quality and convening the quarterly Clinical Quality Council (CQC) meeting. The CQC acts as a platform for developing overall policy standards for the implementation of clinical services across the network. To oversee network-wide functions, SSFP staff monitor NGO compliance with quality standards, including Tiahrt. SSFP’s quality team compile, validate, and analyze Quality Monitoring and Supervision data submitted by the NGO. SSFP level activities of the quality improvement are led by SSFP’s health officer, Dr. Arefin Islam, who was instrumental in designing the quality management system and has implemented it from SSFP’s onset.

*Quality Monitoring and Supervision, NGO level.* NGO monitoring officers supervise clinical quality of service delivery by using a quality monitoring and supervision checklist included in the Manual on Quality Management System. This quality monitoring and supervision visits are conducted by the NGO Monitoring Officers twice in a year for each clinic. During this QMS visits, they supervise the level of quality of two satellite clinics using a separate checklist for satellite clinics. As part of this tool, monitoring officers administer a knowledge quiz, observe processes and conduct exit interviews with clients. Also, the NGO monitoring officers visit each clinic once in a quarter for the purpose of observing clinic-level quality circles. The NGO monitoring officers submit their visit plans for the upcoming months and visit reports from the past month to SSFP’s network technical support team on a monthly basis. SSFP’s clinical quality assurance specialist reviews these monthly plans and reports and provides feedback.

*Clinic level quality circles.* Implemented by all clinics in the network, clinic-level quality circles empower staff to recognize and resolve quality issues quickly using an SSFP toolkit that includes daily/weekly/monthly checklists, PDSA cycle, weekly clinical meetings and reviewing client feedback by administering exit interviews and following-up with customers’ opinion gathered in ‘opinion box’ located in clinics.

## **D: Performance Reports and Monitoring**

Monitoring progress and evaluating results are key management functions in any performance-based management program. Performance monitoring is an ongoing process allowing SSFP to determine progress towards its intended targets and results. In the extension period, SSFP’s MIS team will provide support to network NGOs to ensure continuous quality improvement of the Online MIS and Accounting System developed and rolled out in Year 5.

*Previous MIS.* Service statistics were tallied daily in each static clinic by the counselor; at the end of the month, the clinic manager/counselor/or paramedic included service statistics from the satellite spots and CSPs. All data was compiled by the clinic manager and sent to the NGO head quarters. The NGO reviewed, checked and compiled the data from all clinics and submitted this report to SSFP. SSFP’s MIS team cross checked the data and aggregated all NGO reports into SSFP’s monthly report for the COP and USAID.

*Online MIS and Accounting System.* In Year 5, SSFP partnered with local software development company, Technohaven Ltd., to finalize the integrated Online MIS and Accounting system for the network. This product was launched in April via a netbook computer loaded with software and distributed to each static clinic; all clinics received netbooks by May. Initial and follow up training sessions were conducted for all end users of the system and NGO staff. During the extension period, SSFP’s MIS team, network operations team, and contracts and grants team will work together to focus on strengthening this important system within the network. First, SSFP will focus on building the capacity of the NGO FAMS and MIS officers so that they can monitor and supervise their respective clinics. Second, SSFP staff will conduct monitoring visits for the online MIS and accounting system using a standard checklist to ensure proper system use at the clinic level. Feedback from SSFP staff visits will be compiled by the MIS team and communicated back to the NGO.